	PATENT A		ICATIO Effectiv	RD	09/593/07								
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL TYPE	ENTITY	OR	OTHER	
FC	OR		NUMBER FILED			NUMBER EXTRA			RATE	FEE		RATE	FEE
BASIC FEE			**************************************		· ·		:			345.00	OR.		690.00
TOTAL CLAIMS			B	minus	20=	. 0		ŀſ	X\$ 9=		OR	X\$18=	
ENE	EPENDENT C	AIMS	5	minus	3=	. 2			X39=		OR	X78=	156
MULTIPLE DEPENDENT CLAIM PRESENT							lt	+130=		OR	+260=		
* If the difference in column 1 is less than zero, enter "0" in column 2								L	TOTAL	<u> </u>		TOTAL	94 6
CLAIMS AS AMENDED - PART II 2/12/01								니	*		*	OTHER	THAN
	(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST								SMALL		OR	SMALL	
ENT A		REM	IAINING FTER NOMENT		Pf	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	Ŀ	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	٠	5	Minus	••	20	=	ŀ	X\$ 9=		ORI	X\$18=	. •,
AME	Independent	·	5	Minus	•••	5	•		X39=		OR.	X78=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM:								+130=	34.7	OB.	+260=	
	7/20/04							<u> </u>	TOTAL DIT. FEE		OB	TOTAL ADDIT, FEE	
	(Column 1) (Column 2) (Column 3)								JUII. FEE			ADDII. PEEI	
		a	aims			HIGHEST 1				ADDI-	1	٠. سبر	ADDI-
AMENDMENT B		· · A	IAINING FTER NOMENT		Pį	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total :	•	15	Minus	•	20	÷ \		X\$ 9=	2	OR	X\$18=	
AME	Independent .	•	K	Minus .	444	5.	=1		X39= ·		OR	. X78=	
_	FIRST PRESE	MIAIR	DN OF WI	CTIPLE DEI	EN	DENT CLAIM	لـــــنــ		+130=		00	+260=	
							•	L	TOTAL		OR	TOTAL	-
	14005							AD	DIT FEE		OR.	ADDIT. FEE	·
Ĺ	(Column 1) (Column 2) (Column 3)									•			· · · · ·
AMENDMENT C		REN	ains Iaining			HIGHEST NUMBER	PRESENT	Γ		ADDI-		12 1	ADDI-
			FTER NOMENT			REVIOUSLY PAID FOR	EXTRÀ	1	RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	• 1	5	Minus		20	<b>-</b> 0		X\$ 9=	• • • • • • • • • • • • • • • • • • • •	OR	X\$18=	1
ME	Independent ·	·	3	Minus	••		= ()	-	X39=			X78=	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									1/-	OR		
·	If the entry in colu	ma 1 h	lace than #	a anim is colo	me a	o ni °0° atine	humn 3.	Ŀ	+130=-	· ( · ·	OR	+260=	.:
••	If the "Highest Nu	mber Pr	eviously Pa	aid For IN THI	S SP	ACE is less tha	n 20, enter <b>*2</b> 0.*	AD	TOTAL OIT. FEE		OR.	TOTAL ADDIT. FEE	
	If the "Highest Nu	mber Pr	reviously Pa Mously Pal	nd For JN 1Hi	o or Linda	HUE IS 1855 THE HOANGENT) ÉS THE	highest numbe	r tour	d in the an	propriate bo	t in goi	umn 1.	

FORM PTO-675 (Rev. 12/99) Application or Docket Number